

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025339

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 219

STATE FILE NUMBER

FILED JUN 27 1963

## 1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Sedalia

Length of stay in 1b

36 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Bothwell Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

Pettis

c. CITY

OR TOWN

Sedalia

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS

1518 East 11th,

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

CHRISTIAN

A.

YOUNG

4. DATE

OF DEATH

Month Day Year

June 23, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4/23/92

## 9. AGE (last birthday)

71

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

## 10b. KIND OF BUSINESS OR INDUSTRY

Railroad Shops

## 11. BIRTHPLACE (City and state or country)

Anderson, Kansas

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John L. Young

## 13b. MOTHER'S MAIDEN NAME

Elizabeth P. Wiyiniger

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unknown) (If yes, give war or dates of service) No

## 16. SOCIAL SECURITY NO.

\*\*\*\*\*

## 17. INFORMANT

Harry B. Young, 1000 West 4th, Sedalia, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Tracheal obstruction due to laceration and contusion

DUE TO (b)

Automobile accident

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART (a)

Laceration of forehead probable intracranial injuries

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

5 p.m.

6 23 '63

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway 5 south of Tipton

## 20f. CITY, TOWN, OR LOCATION

Sedalia, Mo.

## COUNTY

Pettis

## STATE

Missouri

## 21. I attended the deceased from 5:25 p.m. to 5:30 p.m. and last saw him alive on 23 JUNE 63

Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Daniel R. Edwards M.D.

## 22b. ADDRESS

Sedalia, Mo.

## 22c. DATE SIGNED

(State)

June 25, 1963

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

6/26/63

## 23c. NAME OF CEMETERY OR CREMATORY

Highland Memorial Gardens

## 23d. LOCATION (City, town, or county)

Sedalia, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Edwards, Sedalia, Mo.

## 25. DATE RECD. BY LOCAL REG.

June 25, 1963

## 26. REGISTRAR'S SIGNATURE

Francis Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1 0808

2 0808

3

4 0

5 1

6

7 1

8 2

9 X

10

11 068

12 1-0

13 1-0

JUL 10 1963

JUL 26 1963

OCT 29 1963

JUL 19 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Thane Ewing*

Licensed Embalmer No.

3847

P. O. Address

*Delia M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.